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## SEQUELS OF NASO-PHARYNGEAL AND AURAL CATARRH ILLUSTRATED BY CASES FROM PRIVATE PRACTICE.\*

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It is difficult to get the general practitioner to attach much importance to diseases of the upper air passages. They consider them local, and not capable of producing constitutional manifestations, and will tell a patient his catarrh does not amount to much, it will never kill him; to take out-door exercise, eat nutritious food, and sleep eight hours out of every twenty-four, and then laugh at patients for having acquired great irritability, melancholia, or tinnitus aurium from having catarrh, and will jocularly remark: You are hysterical; or are malingering. What absurdity. How irrational are these remarks to an intelligent and honest sufferer, whose only desire and prayer are relief and cure. I know no more troublesome affection than naso-pharyngeal and aural catarrh to the patient. Catarrh was, a few years ago, considered incurable; but now the light is dawning, and cure after cure is being made, though it will take the profession at large many years yet to realize what catarrh is, its etiology, prophylaxis, the best therapeutic measures, and its sequels. The sequelæ of naso-pharyngeal catarrh are reflex cough, sneezing, stenosis of nasal cavities, ocular catarrh, asthenopia, aural catarrh, headache, either occipital or frontal; nasal polypi, tonsillitis, enlarged tonsils, patency of Eustachian tubes; haemorrhage from the throat, either the naso-pharynx, larynx, or trachea; laryngitis, tracheitis, bronchitis, and catarrhal phthisis; epistaxis, neuralgia, or numbness of the limbs or trunk; anaesthesia or hyperesthesia of the skin, dyspepsia, hay fever, paresis of arm and forearm; irritability, melancholia, partial loss of memory or intellectual faculty, insomnia, frightful dreams, agoraphobia; hypertrophy of the anterior cervical, sub-maxillary, sub-lingual and post-cervical glands; vertigo, palpitation of heart, neurasthenia. It is quite common for a patient to have reflex cough, the sensation produced or point of irritation being apparently in the larynx, when it is in the naso-pharynx. Have had patients to sneeze from ten to twenty times in succession from introducing the speculum into the anterior nares, or meatus auditorius externus. Ocular catarrh and asthma often attend naso-pharyngeal catarrh, and yield to treatment. Of the latter, frontal or occipi-

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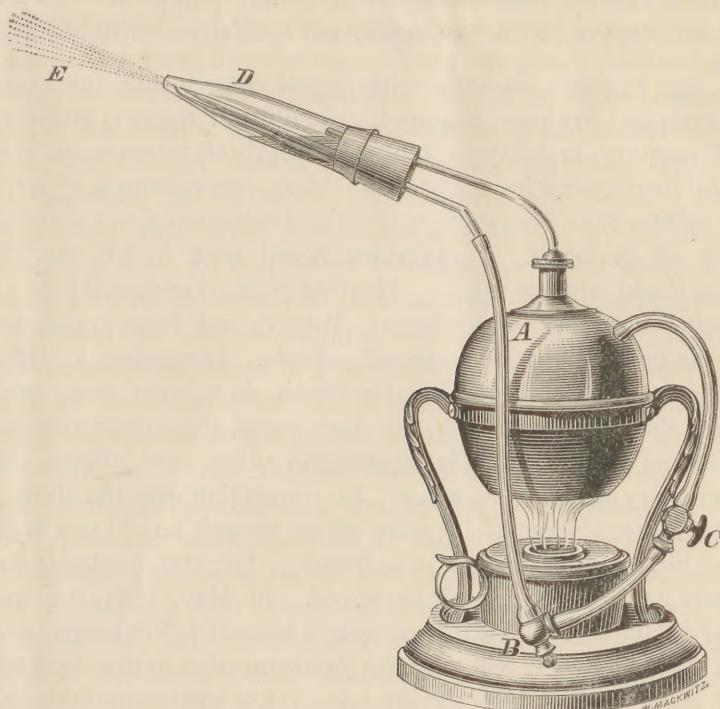
tal headache, irritability of temper, melancholia, partial loss of memory or the intellectual faculty, palpitation of the heart, attacks of asthma, insomnia and frightful dreams, one or more of these exist in naso-pharyngeal catarrh, and are only temporarily relieved by nervines or soporifics, unless special treatment is given the catarrh, when they permanently subside.

Naso-pharyngeal catarrh produces aural catarrh, with deafness and tinnitus aurium, and generally precedes by many months acute catarrh of the middle ear. It is held by some authors that tonsillitis and enlarged tonsils (especially Rumbold) are the sequence of chronic catarrh of the upper air passages, and my experience confirms this view fully. It often occurs to specialists of the nose, throat, and ear, to meet with patients in whom oedema of the glottis, laryngitis, bronchitis, and acute catarrhal phthisis have had their origin in the naso-pharynx. Epistaxis, or haemorrhage of the pharynx, larynx, or trachea, has often been considered by the general practitioner to come from the lungs, when really the lungs are sound, and sufficient disease exists in the above regions to account for it, and could be readily ascertained if a laryngoscopic or rhinoscopic examination were made. Neuralgia, in one or more regions of the body, anaesthesia or hyperaesthesia of the skin, dyspepsia, hay-fever, vertigo, and paresis of the arm and forearm, have yielded to treatment of the naso-pharyngeal catarrh; and partial aphonia has attended catarrh in some of my patients affected with severe naso-pharyngeal catarrh, and disappeared gradually as the catarrh improved.

June, 1877. A. H., age 8 years, blonde, has naso-pharyngeal catarrh, with hypertrophied tonsils and anterior and post-cervical glands, and frontal headache. Was treated every day for five days, every other day for two weeks, twice a week for three weeks, and once a week for three weeks. In two weeks from date of treatment the enlarged tonsils and cervical glands returned to normal size. Headache was a constant attendant of the naso-pharyngeal catarrh, and yielded to about twenty treatments. The case convalesced rapidly. In six months not a vestige of disease could be found. Six years have elapsed since treatment, and the patient has been free from disease all the time. The sequels in this case were enlarged tonsils, anterior and post-cervical glands, and headache.

Helen S., age 10 years, has had naso-pharyngeal catarrh two years, and had Eustachian catarrh with deafness to follow the former. Is a blonde, has good family history, has reflex cough, enlarged tonsils, and recurrent earache and frontal headache. In damp weather has asthma, and D. A. H., 12 inches; S. A. H., 24 inches. Tuning-fork is heard best in right ear; the right membrana tympani is slightly opaque and without polish. Patient was treated every day for seven days, every other day for two weeks, twice a week for three weeks, and once a week for four weeks. The Eustachian tubes were inflated with Rumbold's warm spray producer. I do not like it as a spray producer, but as an inflater of the middle ear it has no superior. It has in every respect accom-

plished as much in my hands as the Politzer or Gruber methods, and in a shorter time. This instrument warms and compresses the air, also mediates it if you desire it. (Fig.) Hearing is 48-48 in each ear. Right membrana



*Warm Spray Producer for Treating the Anterior Nasal Cavities, and inflating the Eustachian Tubes.*

*A*, Boiler. *B*, Soft rubber tubing connected with the boiler and spray producer. *C*, Faucet for controlling the amount of air that is to enter the boiler. *D*, large tube that contains the medicine to be made into spray. *E*, The spray. (Rumbold.)

tympani normal. The headache, enlarged tonsils, hoarseness, asthma, and cough subsided in about two weeks after patient began treatment. At the end of six months no sign of disease was present. It has now been eighteen months since the patient was dismissed, and the disease has not returned.

1881. Mr. L., age about 40 years, good family history, has naso-pharyngeal catarrh, with reflex cough, dyspepsia, and has had one or two attacks of haemorrhage from the throat. He was treated for his catarrh every day for ten days, then every other day for two weeks, then twice a week for two weeks; the cough and dyspepsia ceased in two weeks. It has been eighteen months since treatment was discontinued, and no hemorrhage of throat has returned. This patient was pronounced by several physicians in the first stage of consumption, though his lungs were sound. There was sufficient disease in the throat to account for all the haemorrhage.

Mrs. C., age 55 years, has naso-pharyngeal catarrh; has had two hemor-

rhages from the throat; the lungs are sound, but she was pronounced by several doctors to have phthisis. Strange to say, the lungs were not examined in either case, neither was a laryngoscopic nor rhinoscopic examination made.

It has been verified time and again that nasal polypi will disappear while treating a naso-pharyngeal catarrh, without any special treatment being given them.

Mr. T., age 25 years, has naso-pharyngeal catarrh and aural catarrh, with tinnitus aurium and deafness, acquired irritability of temper, melancholia, partial loss of memory, inability to think any length of time on one subject; has either frontal or occipital headache all the time; has insomnia, agoraphobia and anaesthesia of the skin; has ocular catarrh and asthenopia and neuralgia in different parts of the body. Tuning-fork heard best in left ear; drumheads slightly opaque and without polish. Hearing S. A., 6 inches; D. A., 18 inches. This is a case of extreme neuræsthesia. Patient has been, on account of the above conditions, tempted to commit suicide. December 1, 1882, patient began treatment by being treated for fifteen days, then every other day for three weeks, then twice a week for four weeks, then once a week for eight weeks (Rumbold's method). The Eustachian tubes were inflated with Rumbold's warm spray producer or inflater. In connection with the above treatment about thirty séances of electricity were given, though he did not begin it for a month after the catarrh treatment was begun. The above sequels improved or subsided *pari passu* as the catarrh improved. In May, 1883, the treatment of catarrh was discontinued. Patient considers himself well, though he will not be for at least a year yet. It will take the lining membrane thus long to return to its natural state, and patient should take a few treatments this fall or next spring.

May, 1883. Mrs. L. has naso-pharyngeal catarrh, attended with asthma, frontal or occipital headache, acquired irritability of temper, mental depression, and reflex cough; was treated every day for seven days, then every other day for three weeks, then twice a week for three weeks, then once a week for four weeks. The asthma, cough, headache, and mental affections subsided *pari passu* as the catarrh improved. Patient had asthma several times a week before being treated, and now, September 15th, considers herself well, and has had only one slight attack of asthma. This occurred a week after treatment began, and then she was caught in the rain, and her clothes saturated with water before arriving home.

One patient had had naso-pharyngeal catarrh fourteen years, had lost the sense of taste and smell both, and had complete anaesthesia of the naso-pharynx. The sense of taste returned shortly after treatment began; the sense of smell and anaesthesia returned after many weeks' treatment. Mrs. N. has naso-pharyngeal catarrh, neuralgia, and paresis of the left arm and forearm. Treatment was directed entirely to the catarrh, and as the latter improved so did the arm and forearm, though nothing was done to it, not even massage was resorted to.

S. W. G., age 61 years, has had for some time naso-pharyngeal and Eustachian catarrh, with tinnitus aurium, and deafness and dyspepsia. He was treated six months by a general practitioner for dyspepsia and torpid liver, though there was tickling and excessive secretions of mucus, or muco-pus, in the throat, and hawking and sneezing. The latter would occur from five to ten times in succession several times a day. There was also a partial loss of memory, impairment of the intellectual faculties, inability to think consecutively on one subject for any length of time; also inability to add correctly a few easy columns of figures, though patient was a fine business man. This physician told him all his ailment came from the *dyspepsia* and *torpid liver*. Treated him every day for seven days, then every other day for two weeks, then twice a week, then once a week for four weeks. Rumbold's warm spray producer or inflater was used for the deafness and aural catarrh. I did nothing for his dyspepsia, only treated his naso-pharyngeal and aural catarrh. At the end of treatment his hearing was 48-48 in both ears. When treatment was begun, audition was in D. A., 6 inches; in S. A., 19 inches; all his ailments just enumerated had disappeared, and patient considers himself well, though the lining of nose and throat has not returned entirely to its natural state.

It seems incredible that a general practitioner would make such mistakes as have been presented in this paper. It shows plainly that they know very little about diseases of the nose, throat, and ear, and are the first men in the profession to tell patients their complaints are all a myth, it will not kill them; or they are hysterical; and are certain to tell a patient to keep out of reach of the specialist, as the latter would probably do you an injury, and, besides, charge a large bill.

May, 1881. Mrs. C. has had chronic naso-pharyngeal catarrh; had a subacute attack, which resulted in patulency of the Eustachian tubes, and autophony with bulging of the membrana tympani of left ear. About ten treatments were given the catarrh. The first three treatments would close the orifice of the Eustachian tube a few hours, when it would return; after the fourth treatment the patulency, bulging of the drumhead, and autophony never returned. Patient took six more treatments; considered herself well. Patient remarks "she swallowed her words or voice in talking, and that her voice went to her left ear." On inflation of the Eustachian tube, the drumhead would be seen to bulge, and a hissing, clicking, or crepitant sound would be heard with the aural diagnostic tube. Polizter method was used.

Mr. J. G., age 58 years, has naso-pharyngeal catarrh with patulency of the left Eustachian tube, and autophony and deafness in both ears; hearing D. A., 12 inches; S. A. E. of H. The clicking or crepitant sound was heard with the auscultating tube, and flattening and bulging of the drumhead seen auroscopically on inflation. Treatment was directed to the catarrh. The patulency and autophony subsided after second application. Hearing improved 24-48 in right ear; 19-48 in left ear.

October, 1882. Professor N. has naso-pharyngeal and aural catarrh, deafness, and tinnitus aurium in both ears. Hearing, in left ear, 18 inches; in right one, watch on contact. Has patency of right Eustachian tube, and autophony; drumhead bulging on auroscopic examination. On auscultation, the peculiar noise in the middle ear is heard during inflation. A few treatments to the naso-pharynx and inflation of the ears with Rumbold's instrument soon relieved the patency and deafness. Rumbold is the only author who has described patency of the Eustachian tubes, and I have only seen a few cases in my practice.

J. B., age 10 years, has naso-pharyngeal and aural catarrh and perforation of left drumhead and deafness; has also catarrhal conjunctivitis. The treatment was directed to the nose, throat and ears. Nothing was done for the eyes except cleansing with salt in water. As the naso-pharyngeal catarrh improved, so did the eye affection.

James S., age 7 years, has had for some time naso-pharyngeal catarrh and catarrhal conjunctivitis. The nose and throat received special attention. The eyes were kept clean with salt in water. As the naso-pharyngeal catarrh improved, so did the eye affection.

James S., age 7 years, has naso-pharyngeal catarrh and catarrhal conjunctivitis. The nose and throat received special attention; the eyes were kept cleansed with salt in water. Improvement and cure of the eyes followed the improvement of naso-pharyngeal catarrh.

Mr. S. S. has had catarrh of nose and throat for about six years, and aural catarrh in both ears for two years. Hearing, D. A., nil; S. A., 18-48. Drumheads opaque, and without polish; slightly flattened. The tuning-fork cannot even be heard in right ear; the tone conduction is entirely suspended. Twelve treatments of the naso-pharynx with Rumbold's inflater restored the hearing to normal in both ears; the hearing in left ear was normal after six treatments.

Mrs. S., age 40 years, has naso-pharyngeal disease, and has had reflex cough and vomiting one or more times a day for several days.

Mr. U., age 28 years, has catarrh of naso-pharynx, and trouble attending it, for several weeks. Reflex cough and vomiting several times a day. Both of these patients had the catarrh treated, and nothing done for the sequels. As the former improved the latter subsided entirely.

Other cases could be presented, but these just noted will be sufficient to prove the importance of thoroughly understanding diseases of the nose, throat, and ear; and the day has come for the general practitioner to know and treat these affections as well as to know how to treat a fever, an inflammation, or accouche a woman. The laryngoscope, rhinoscope, auroscope, and the acoutoscope will enable the general practitioner to learn all about the diseases of the nose, throat and ears if he will only use diligence, be studious, and observe closely in practice.